Table 1 Comparison of characteristics of patients lost to follow up ("cases") with matched controls. Statistical analysis by Mann-Whitney test or χ^2 test

	Cases (%)	Controls (%)	p Value
Median age (years)	34	37	0.0068
Median CD4 (cells $\times 10^6$/l)	415	470	0.49
Median $\log_{10}$ VL in patients off therapy	4.03	3.96	0.48
Ethnicity:			
Black African	17 (18.1)	18 (19.1)	0.62
White	58 (61.7)	62 (66.0)	
Other	12 (12.8)	8 (8.5)	
Not known	7 (7.4)	6 (6.4)	
Born in UK	34 (36.2)	40 (42.6)	0.072
Transmission by sex between men	63 (67.0)	64 (68.1)	0.70
CDC stage			
A	58 (61.7)	48 (51.1)	
B	22 (23.4)	28 (29.8)	
C	14 (14.9)	18 (19.1)	0.37
On HAART at last visit	26 (27.7)	57 (60.6)	<0.001
Attended another centre before the centre of this study	31 (33.0)	20 (21.3)	0.104
General practitioner details documented	43 (45.7)	38 (40.4)	0.38
Written correspondence with GP	20 (21.3)	15 (16.0)	0.857

association was true regardless of disease stage. Numbers were too small to analyse any association between LFU and poor adherence to HAART. There were no statistically significant differences in sex, ethnicity, disease stage, or surrogate markers. The number of general practitioners with whom communication was maintained was equally low in both groups.

The number of cases with a history of psychiatric illness, substance abuse, deliberate self harm, or use of counselling or psychiatric services was not significantly different from controls. Further data provided by CDSC showed that at least 29 cases (31%) had attended another clinic for follow up, without correspondence being made between centres. These included only eight of 26 (30%) cases on HAART and eight of 22 (36%) cases with CDC stage C or CD4 count under 200 cells $\times 10^6$/l. (Soundex code and date of birth were used for matching records without compromising patient identity, and subsequent treatment locations were not specified.)

This study highlights that patients who are LFU include those at all stages of disease and are not necessarily those with a lack of clinical need. It is of interest that the association between not being on HAART and being LFU is independent of clinical stage. The patients who discontinued care from our centre were a diverse group in terms of illness, ethnicity, and transmission category, typical of the clinic population as a whole.

In a patient who is symptom free and not on HAART, one might argue that a year without specialist follow up is of no clinical importance. Such patients might be better managed in primary care or in a setting which focuses less on the patient's disease state than on their wellbeing. An appropriately designed study might further elucidate reasons that lead patients to default from follow up. Interventions need to be in place to prevent loss of follow up of patients who are at high risk of disease progression or who are on HAART.

Acknowledgements

Nina Fudge helped to retrieve the data. Andrew Copas provided statistical advice.

Contributors

LH developed the study, retrieved and analyzed the data, and co-wrote the text; SE co-wrote the text; DM conceived the study and provided comments on the text; KS provided further data from CDSC.

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Accepted for publication 9 March 2003

Interactive continuing medical education (CME) and its influence on the working practices of genitourinary clinicians

Didactic lectures are the traditional vehicle used by the MSSVD for updating clinicians on developments in the specialty, but there is mounting evidence that this sort of educational format is unlikely to change clinical practice, whereas a format which more actively involves participants can produce measurable changes.[1] The MSSVD decided to formally assess the impact of combining the lecture format with an interactive approach at one of its national update meetings. The subject under review at this meeting was human papillomavirus (HPV) infection. Specialists attending were asked to vote electronically on a combination of knowledge base and treatment strategy questions. They were then presented with information on the correct answers to the questions, and on currently preferred treatments. Feedback questionnaires invited comparison with the usual didactic approach. Participants were also asked whether their clinical practice would change as a result of the meeting. Seventy MSSVD members signed for CME, and 43 returned feedback questionnaires at the end of the event. A small majority of 51% preferred the new format to the usual didactic format, while a minority of 21% preferred the traditional approach. Despite only a small majority preferring the interactive over the customary didactic lecture format, a clear majority of respondents, 70%, felt that the interactive format was better able to maintain their concentration and interest, and 60% felt the new format was more likely to induce reflection and stimulate change. To our surprise, 74% of respondents planned to make some change in clinical practice as a result of attending the event. Three months later attendees were balloted by post to ascertain whether a change had in fact occurred. The response rate was a disappointing 37%, but of this group 30% reported having already changed their practice, and a further 27% still planned to do so as soon as circumstances permitted. A large proportion of respondents stated explicitly what changes had been made. The major influence was on a cessation in the use of podophyllin, and an increased use of the topical wart treatments imiquimod and podophyllotoxin.

The incorporation of hand held electronic response units to facilitate audience participation in educational events requires considerably more preparation on the part of the organiser than would a conventional lecture. The data from this small study suggest that in terms of outcome the effort expended is worthwhile. A variety of factors make the interactive technology which was employed here powerful: firstly, each participant communicates directly not only with the lecturer, but also anonymously with all his peers; secondly, the event has to be formatted in such a way as to directly engage participants by requiring them answer clinically related questions; and thirdly, the organiser has to focus to a higher degree than normal on how everything that is said will be perceived.

We have been encouraged by the outcome of this event, and we believe that clinicians would benefit from increased utilisation of this interactive educational method.

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Accepted for publication 11 March 2003